

**SISTER CITY AFFILIATION OF MOUNTAIN VIEW  
STUDENT EXCHANGE PROGRAM  
STUDENT CONFIDENTIAL RECOMMENDATION FORM**

**Deadline: eMailed or Postmarked no later than October 26, 2018**

Student's Name:	
Recommender's Name:	
Signature:	Date:

**TO THE PERSON COMPLETING THIS EVALUATION:**

The person whose name appears above is applying for admission to the Mountain View Sister City Student Exchange Program to Iwata, Japan or Hasselt, Belgium. The Sister City Affiliation of Mountain View, established in 1974, is civic, non-profit organization. The primary goal of this organization is to promote awareness and an appreciation for the culture and customs of people of foreign lands. The Affiliation currently fosters its' objectives through an on-going social exchange through a student program. In our consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. Please be as specific and candid as possible in your comments.

Upon completion, please submit the evaluation in the envelope provided by the student with your signature across the seal. The applicant will then submit the sealed and signed envelope with their application packet. If you prefer, you may send the recommendation directly to:

**Return to:** eMail: mvsistercity@yahoo.com                      OR

Mail: Mountain View Sister City Affiliation  
Attention: Student Selection Committee  
P.O. Box 4514  
Mountain View, CA 94040

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- 1) How long have you known this student? \_\_\_\_\_
  - 2) In what capacity? \_\_\_\_\_
  - 3) Describe this student's personality and character as they appear to you.  
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\_\_\_\_\_  
\_\_\_\_\_
  - 4) Why do you feel this student would be a good "ambassador" of school and community?  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 5) Any additional information you feel the selection committee should know or be aware of regarding this student?  
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